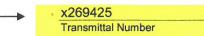
Dig.

Enter your transmittal number



Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or	A. P	ermit Information						
print. A separate Transmittal Form	BRP WP 63 Disposal system construction					m construction		
must be completed	1. Permit Code: 7 or 8 character code from permit instructions 2. Name of Permit Category							
for each permit	1. 1 Citill Odde. 7 of a diaracter adde from permit instructions 2. Name of a citill dategory							
application.								
2. Make your	Di	buildings						
check payable to	R A	B. Applicant Information – Firm or Individual						
the Commonwealth								
of Massachusetts	MA Department of Conservation and Recreaton							
and mail it with a copy of this form to:		Name of Firm - Or, if party needing this approval is an individual enter name below:						
DEP, P.O. Box	В	razeau						
4062, Boston, MA	100	2. Last Name of Individual 3. First Name of Individual					4. MI	
02211.		PO Box 484 5. Street Address						
3. Three copies of		mherst	N.	lΑ	01004	413-545-5532		
this form will be		City/Town		. State	8. Zip Code	9. Telephone #	10. Ext. #	
needed.		ichard Brazeau	7.	. State	richard.brazeau		10. LXL #	
Copy 1 - the	-	11. Contact Person			12. e-mail address (optional)			
original must		. Contact i craon			12. C-mail address	(optional)		
accompany your	C E	C. Facility, Site or Individual Requiring Approval						
permit application. Copy 2 must								
accompany your		ederated Women's Club S						
fee payment.		Name of Facility, Site Or Individ	ual					
Copy 3 should be	_	oute 122						
retained for your records		Street Address		4.0	04000	070 544 0000		
	_	etersham		1A	01366	978-544-3939	7 5.4 #	
4. Both fee-paying	3.	City/Town	4.	. State	5. Zip Code	6. Telephone #	7. Ext. #	
and exempt applicants must	8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking #							
mail a copy of this	0.	8. DEP Facility Number (if Known) 9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known						
transmittal form to:	D A	D. Application Prepared by (if different from Section B)*						
MassDEP	D. A	D. Application Prepared by (if different from Section B)						
P.O. Box 4062	Clivus New England, Inc.							
Boston, MA		Name of Firm Or Individual						
02211	_	O Box 127						
		Address			04045	070 704 0400		
* Note: For BWSC Permits,	_	orth Andover		1A	01845	978-794-9400	7 5 4 4	
		City/Town	4.	State	5. Zip Code	6. Telephone #	7. Ext. #	
enter the LSP.		sa Truchon			0 I SD Number (P)	NSC Pormite only)		
	8. Contact Person 9. LSP Number (BWSC Permits only)							
	E D	. Permit - Project Coordination						
	E. Pe	emiit - Project Coord	illiation					
	 Is this project subject to MEPA review? ☐ yes ☒ no If yes, enter the project's EOEA file number - assigned when an 							
	E	nvironmental Notification For	ironmental Notification Form is submitted to the MEPA unit:					
		EOEA File Number						
	F. Amount Due							
DEP Use Only	Special Provisions:							
	CHIEF THE STREET	Fee Exempt (city, town or muni	cipal housing authority)(state a	agency if fee is \$100	or less).		
Permit No:		There are no fee exemptions for BWSC permits, regardless of applicant status.						
		☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c). ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).						
Rec'd Date:	4.							
Reviewer:	15	5407	\$1,140.00			01/29/2016		
	CI	anak Number	Dollar Amoun	.+		Data		